# EXHIBIT 2



One Hospital Way, Butler, PA 16001 Dr Robert B. Patterson, Medical Director Tel: 877-247-9929

	atient Name , THOMAS H.	Accession a SU18-1623		Date of 5/25/1935 (		Sex M	Collected Date 10/1/2018
Med Rec # 570598	Encounter # 21764744	Received Date 10/1/2018	Ordering Physi Hazem El-Khat *ELKH*		Additional Physician(s) William J. McCann M.D. *MCCWJ* Paul C Konitzky MD *KONPC*		

#### SURGICAL PATHOLOGY REPORT

#### Specimen(s) Received

A: Pleura, biopsy, anterior chest left

B: Pleura, biopsy, chest wall cardiophrenic angle

C: Pleural Peel, left lung

# **Final Diagnosis**

- A. Pleura, biopsy, anterior chest left:
  - Malignant mesothelioma. See comment.
- B. Pleura, biopsy, chest wall cardiophrenic angle:
  - Malignant mesothelioma. See comment.
- C. Pleural Peel, left lung:
  - Malignant mesothelioma. See comment.

#### Comments

Noted at this time are the previous and concurrent left pleural fluid specimens (CN18-1509 and CN18-1524 respectively). Multiple immunoperoxidase stains have been performed on block B1 with appropriately working positive controls with the lesional cells positive for calretinin, CK5/6, WT-1 (focal), D2-40 (focal), CD141 (focal) and MOC-31 (weak, focal) and no staining for TTF-1/Napsin-A. The clinical history (including a history of asbestos exposure), histopathologic features and immunostaining characteristics support the above stated diagnosis. Clinical correlation with these findings is recommended.

\*\*\*Electronically Signed\*\*\*
William A. Michalak MD \*MICW\*

wam/10/3/2018

#### **Gross Description**

- A. The specimen is received in formalin with proper patient identification and labeled "pleural biopsy anterior chest left". It consists of a 1.4 x 0.7 x 0.2 cm aggregate of tan-pink pleural tissue which is submitted in toto in cassette A1.
- B. The specimen is received in formalin with proper patient identification and labeled "left pleural chest wall cardiophrenic angle". It consists of a  $1.6 \times 1.4 \times 0.3$  cm aggregate of tan-pink pleural tissue which is submitted in toto in cassette B1.
- C. The specimen is received in formalin with proper patient identification and labeled "pleural peel left lung". It consists of a 2.4 x 2.0 x 0.3 cm aggregate of pink-red glistening pleural fragments which is submitted in toto in cassette C1. ED 10/1/2018

ed/10/1/2018

# **Pre-Operative Diagnosis**

Recurrent left pleural effusion

#### **Post-Operative Diagnosis**

Same

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SURGICAL PATHOLOGY REPORT

SU18-16234

This laboratory is certified under CLIA 88 to perform high complexity clinical testing. All Immunohistochemistry, in-situ hybridization, Class One analyte-specific reagents, and molecular pathology testing was developed and test characteristics determined by Butler Hospital Pathology department staff as required by CLIA 88. The testing has not been approved or cleared for specific use by the U.S. Food and Drug Administration. The FDA has also determined their approval is not necessary for clinical use.

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Patient Name TOY, THOMAS H.		Accession CN18-152		 of Birth (Age: 83)	Sex M	Collected Date 10/1/2018
Med Rec# 570598	Encounter# 21764744	Received Date 10/1/2018	Ordering Phys Hazem El-Khat *ELKH*	Additional Physician(s) William J. McCann M.D. *MCCWJ* Paul C Konitzky MD *KONPC*		

## CYTOLOGY NON-GYN REPORT

# Specimen(s) Received

Pleural Fluid, Left

# Final Diagnosis

Pleural Fluid, Left:

Satisfactory for evaluation.

## Atypical cells present.

Atypical cells and inflammatory cells, see comment.

# **Comments**

Clusters of atypical cells are present, favor mesothelial origin.

See also the pleural biopsy specimen (SU18-16234) for additional evaluation.

md/10/3/2018

\*\*\*Electronically Signed\*\*\*
Maria Dizon MD \*DIZM\*

# **Gross Description**

Specimen consists of 70ml, blood tinged mucoid fluid Cell block submitted

## **Clinical History**

Left pleural effusion, trapped lung

This laboratory is certified under CLIA 88 to perform high complexity clinical testing. All Immunohistochemistry, in-situ hybridization and molecular pathology testing was developed and test characteristics determined by Butler Hospital Pathology department staff as required by CLIA 88. The testing has not been approved or cleared for specific use by the U.S. Food and Drug Administration. The FDA has also determined their approval is not necessary for clinical use.

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One Hospital Way, Butler, PA 16001 Dr Robert B. Patterson, Medical Director Tel: 877-247-9929

Patient Name TOY, THOMAS H.		Access CN18-		Phone # (724)543-4621		of Birth (Age: 83)	Sex M	Collected Date 9/26/2018	
Med Rec # 570598	Encounter # 21636223	Received Da 9/27/2018			Ordering Physician Mark A Provenzano *PROM*		Additional Physician(s) William J. McCann M.D. *MCCWJ*		

## CYTOLOGY NON-GYN REPORT

#### Specimen(s) Received

Pleural Fluid, Left

# Final Diagnosis

Pleural Fluid, Left:

Satisfactory for evaluation.

Atypical cells present.

Thinprep and cell block contain single and clusters of epithelioid cells exhibiting cytologic atypia with numerous inflammatory cells.

Several immunoperoxidase stains have been performed with appropriately working positive controls.

Results: Lesional cells positive for CK5/6, calretinin and WT-1 (focal), while being negative for MOC-31 and TTF-1/Napsin-A.

Clinical history, cytologic features and immunostaining characteristics favor mesothelial origin.

Uncertain whether a benign/reactive or neoplastic process.

Clinical correlation recommended along with appropriate follow-up studies as clinically indicated.

wam/10/1/2018

\*\*\*Electronically Signed\*\*\*
William A. Michalak MD \*MICW\*

## **Gross Description**

Specimen consists of 20 ml turbid reddish orange fluid Cell block submitted

#### Clinical History

Pleural effusion.

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